

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☒ **Initial**

Not yet qualified ☐ or

1/18/2007

Date qualified as committee

☐ **Amendment**

List I.D. number:

Date qualified as committee
(If applicable)

☐ **Termination - See Part 5**

List I.D. number:

Date of Termination

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use only

Page 1

1. Committee Information

NAME OF COMMITTEE

Emily Reilly for Assembly

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Cruz	CA	95060	(510) 883-9780

MAILING ADDRESS (IF DIFFERENT)

Santa Cruz, CA

OPTIONAL: FAX/E-MAIL ADDRESS
() / blues66@hotmail.com

COUNTY OF DOMICILE

Santa Cruz

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Leslie Cook

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sevierville	TN	37876	(865) 456-7881

NAME OF ASSISTANT TREASURER, IF ANY

Ms. Polly Hughes

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ben Lomond	CA	95005-	(831) 336-8368

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/17/2009
DATE

By Leslie Cook

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/17/2009
DATE

By Ms. Emily Reilly

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Emily Reilly for Assembly

I.D. NUMBER

1294186

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Ms. Emily Reilly	Seeking Office: State Assembly Person District 27	2008	<input type="checkbox"/> Non-Partisan Democrat
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank NA	AREA CODE/PHONE (831) 469-3525	BANK ACCOUNT NUMBER	
ADDRESS	CITY Santa Cruz	STATE CA	ZIPCODE 95060

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME
Emily Reilly for AssemblyI.D. NUMBER
1294186

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee☐

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditure in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.